

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Marzetti
Secretary of State
RECEIVED IN CORPORATIONS REC'D.

RECEIVED
FEB 24
1994
STATE
FLORIDA

DOCUMENT # P93000084199 (7)

1. Incorporation Date:

STARLIT ROOFING, INC.

Principal Place of Business 21 9321 S.W. 104TH AVE. MIAMI FL 33176		Mailing Address 26 8306 MILLS DR. #357 MIAMI FL 33163 US		DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite Apt. #, etc.		26. Mailing Address 26 Suite Apt. #, etc.		3. Date Incorporated or Qualified 12/09/1993			
22 City & State		27 City & State		3a. Date of Last Report 07/20/1994			
23 CITY STREET ADDRESS CITY STATE ZIP		28 CITY STREET ADDRESS CITY STATE ZIP		4. FLS Number 65-0452926			
24 9. Name and Address of Current Registered Agent ARRONTE, MIGUEL 9321 S.W. 104TH AVE. MIAMI FL 33176		29 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
31		7. The corporation has liability for intangible tax under s. 109.03(2), Florida Statute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
32		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code					

11. Pursuant to the provisions of Sections 147.031 and 601.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent (or both) in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 601.1508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER TITLE NAME STREET ADDRESS CITY, ST, ZIP	1.1 NAME 1.2 NAME 1.3 OTHER ADDRESS 1.4 CITY, ST, ZIP	1.5 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER TITLE NAME STREET ADDRESS CITY, ST, ZIP	2.1 NAME 2.2 NAME 2.3 OTHER ADDRESS 2.4 CITY, ST, ZIP	2.5 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER TITLE NAME STREET ADDRESS CITY, ST, ZIP	3.1 NAME 3.2 NAME 3.3 OTHER ADDRESS 3.4 CITY, ST, ZIP	3.5 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER TITLE NAME STREET ADDRESS CITY, ST, ZIP	4.1 NAME 4.2 NAME 4.3 OTHER ADDRESS 4.4 CITY, ST, ZIP	4.5 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER TITLE NAME STREET ADDRESS CITY, ST, ZIP	5.1 NAME 5.2 NAME 5.3 OTHER ADDRESS 5.4 CITY, ST, ZIP	5.5 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER TITLE NAME STREET ADDRESS CITY, ST, ZIP	6.1 NAME 6.2 NAME 6.3 OTHER ADDRESS 6.4 CITY, ST, ZIP	6.5 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I acknowledge and certify that the information supplied in this filing is voluntary, furnished and disclosed freely for the purposes stated in Florida Statute 147.031, Florida Statutes. I further certify that the information included in this annual report is a true and accurate report of the financial status and that the corporation shall have no liability to file or render under oath that same at any other time than that it appears on the report. I further certify that the corporation has filed the report as required by Chapter 147, Florida Statutes, and that my signature affixed to this document is my true and lawful signature.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/94

0201170

CP